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ABSTRACT

The gender variable in adult child caregiving has not been clearly examined. Research often uses non-random participants, inappropriate caregiver definitions, non-differentiation of helping tasks, avoidance of daughter/son comparison, and the non-use of the elder's marital status as a control. A study was conducted to examine the gender variable in adult child caregiving. A random sample of noninstitutionalized elderly (N=900) was interviewed regarding help provided to them in personal health, transportation, home maintenance, and indoor household chores. The results showed that daughters were eight times more likely than sons to help with indoor chores and three times more likely to help with personal care. Sons were nine times more likely than daughters to help with home maintenance. The elderly reported being equally satisfied with help from sons and daughters. Most helpers were not paid, but daughters were more likely to be paid than sons. Clinical literature and practice should be aware of gender differences and gender directed family systems intervention would be beneficial. (ABL)

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Male Helpers: Unrecognized Informal Supports*

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CURRENT RESEARCH ON GENDER AND ELDER PARENT CARE

The authors previously presented several analyses of some of the major published studies that investigated informal caregiving to the elderly. Critiques were done to determine what was known about the relative contribution of sons and daughters to aged parents. The published reports of many of these frequently quoted studies make it difficult to extract a clear picture of the gender variable in adult child caregiving. Five characteristics of the current body of empirical research add to a confused profile of the gender of adult children caring for aged parents (Coward and Rathbone-McCuan, 1985a, 1985b):

1. Sample Selection - studies often lack random selection and are more samples of convenience or drawn from a special problem population.
2. Caregiver Definition - numerous and varied definitions have been used to identify the informal sources of help with some including only a small segment of a complex assistance network or fail to differentiate primary and secondary levels of helping contributions.
3. Help Activity Focus - studies have lumped helping tasks together and variously measured different assistance activities.
4. Avoid Daughter/Son Helper Comparison - children's assistance contributions are described generically without distinction of the roles of daughters and sons.

5. Marital Status of Elder Not Used as a Control - many studies do not report, discuss, or publish analyses that show various marital categories of the aged sample whose family care giving was being studied.

Because of our concerns to better understand the gender variable in adult child caregiving, we completed a gender-task analysis of gender and parental caregiving on a 1982-1983 data set. Thus, it was possible for us to examine the potential differences and similarities of helping sons and daughters. The survey was based on telephone interviews conducted with a randomly selected sample of 900 noninstitutionalized elders living in 18 different communities in Maine, New Hampshire, New Jersey, Pennsylvania, Vermont, and West Virginia. Community sites were randomly selected and stratified on: size of community, past decade of growth pattern, and metropolitan status. A major section of the interview instrument focused on help provided to the elders in four key activity domains: 1) personal health care including the taking of medications and other activities related to non-acute illness, 2) transportation needed to destinations, 3) routine home repair and maintenance and 4) indoor household chores.

The results were analyzed according to the prominence of sons and daughters as helpers, specific characteristics of helping sons and daughters, characteristics of the elders helped by daughters and sons, configuration of the entire helping network, and dynamics of the helping relationship.

Some of the results, those prompting us to begin to seriously consider the gender factor, were contrary to other findings in the elder-family care literature. Of all elders interviewed, 19.2% reported receiving help from their daughters whereas 22.3% named a son, while only 6.1% were receiving help from both a son and a daughter. There was a significant difference in the tasks with which sons, as opposed to daughters helped. Daughters were eight times more involved than sons with indoor household chores and three times more likely than sons to help with personal care. Sons were nine times more likely to be assisting with home repair and maintenance chores. Elders expressed equal satisfaction with the help received from sons and daughters. The vast majority of helping daughters and sons were not paid, but when payment was provided, daughters were twice more likely to receive payment than sons. Elders reported a slightly higher pattern of returning help to their daughters as compared to sons.

FAMILY THERAPY AND GENDER OF CAREGIVER

It is not our contention to dispute the dominant cultural trends of female caregiving to the old; the burdens that befall women in the middle, or the national crisis being created for women caring for elderly family members without financial help and formal respite supports. It is our concern, however, that male caregiving to the elderly has not been given serious attention. Practitioners know too little about the gender factor of adult family member caregiving. If applied clinical gerontology is to progress toward a comprehensive understanding

of the dynamics of the aging family, it is important to consider male/female differences in a variety of gender linked caregiving roles. Various expectations, behaviors, characteristics norms and role sets come into play around caregiving and gender.

Gender roles relevant to elder caregiving may begin at birth and emerge in adulthood and midlife through the integration of variety of experiences. Garvin and Reed (1983) note that changes in gender roles continue through the life course while the core of that role rarely undergoes spontaneous modification. Prior socialization experiences of sons and daughters, in both their family of origin and own nuclear family, need to be considered in the gender role context of caregiving. Some of the NIA funded research now in process will add new knowledge about correlates of son and daughter socialization earlier in the lifespan.

The clinical literature relevant to working with the aging family is remiss not to directly attend to the gender factor of adult child to parent caregiving. Clinical case studies, especially from the social work literature, describe the dynamics of stress and role adaptation between adult children and aging parents. These have not elaborated on gender roles to the point where the psychosocial dynamics of sons and daughters are meaningfully explicated.

The remainder of this presentation will be devoted to our observations that gender should be considered in social supports provided to family care giver. Social work practitioners treating families and leading groups related directly or indirectly to elder parent caregiving might be more effective if

gender roles were a theme actively considered during the intervention process.

Clearly, women and men are participating in areas that were previously assigned to the other sex. No longer can we automatically assume what are the masculine and feminine boundaries of any family role. Joslyn (1982) reminds us that boundaries between female and male role behavior (task performance) once fairly clear, are now blurred. New norms for behavior are gradually emerging. It is the authors contention that among the many role changes underway, elder caregiving may be one of the areas of family life undergoing radical and reasonably rapid transition. The reasons for the probable transition of more males, especially sons, participating in elder caregiving are both simple and complex. Caring for the old, frail, dependent sector of our society cannot remain exclusively women's work.

Family caregiving of the elderly, in whatever form it takes, is not always going to be possible for one female family member in isolation from other family members. Transitional shifts in intergenerational and intragenerational relationships play some part in this reality. Men, namely in their role as sons, cannot remain oblivious and isolated from the dependency dynamics of aging parents. Sons are part of the dynamic process of the aging parent's existence even if some men attempt to insolate themselves through their other major roles such as work and in their spousal subsystem relationship.

The spousal relationship has been one, if not the major

mechanism, whereby men have managed their emotional tensions about the bio-psychosocial decline and related dependency of their own parents. It is not unreasonable to assume that many of the helping tasks performed by men on behalf of their parents are already being orchestrated partly by women (their mothers, wives and sisters). Mothers are prompting sons to get close to fathers before they die; failing mothers are dictating what help they expect from which child; wives are directing how the family will interface with the oldest generations; and sisters are telling their brothers to do more for mom or dad.

Men, consciously and unconsciously, take many of their cues about role and task performance in the aging family from the women who have historically directed the day-to-day responsibility of all forms of caregiving within the family unit. The female drumbeat keeps the male marching in family life.

The current mainstream family therapy literature remains almost void of meaningful analyses of family sex roles and aged parent caregiving. Too much of the family therapy literature deals only in passing with sex roles and when it does it frequently seems to accept and promote stereotypes (Joslyn, 1982). Stereotypic perspectives also get translated into multigenerational family system dynamics. Son caregiving may soon emerge as a focal family therapy problem. Practitioners will be called upon to help men and women mediate and make adjustments longterm to caregiving roles for parents. This implies the need for practice conceptualizations sensitive to the interactive influence of gender, family caregiving roles, and life stage development as it is carried out by the aging family.

If the construction of gendered personalities is of concern to psychoanalysists, then construction of gendered familial relationships should be of concern to family therapists (Goldner, 1985). Too little clinical thought has gone into how elder parent care may be an ingendered familial relationship that is experienced differently for men than women. The dynamics of "his parents," "her parents" and "my and your parents" are often a stressful, jumbled problem that further frustrates and immobolizes troubled families. Elder parent care for both sons and daughters should be raised beyond the level of clinical antedotes. Families have organizational hierarchies linked to gender and these are further reinforced and complicated in multigenerational family hierarchies (Goldner, 1985). Aged parent care may be conceptualized in the context of these hierarchies. Redistribution of parent caregiving between male and female siblings will require shifts in gender hierarchies.

SOCIAL GROUP WORK AND GENDER

As our data suggests, men are not the uninvolved spectators in the aging process of parents or those of their spouse. Too little is known about the interpersonal dynamics of son-elder parent interface in the caregiving context, however, we as researchers and practitioners can attest to the very limited social service outreach offered to son caregivers. When adult sons drift into family support groups (for example Alzheimer's caregiver groups) or happen to attend aging family educational or chronic illness self-help groups they may find little content devoted to the gender factor of caregiving. In actual practice,

most of the group workers attempting to help older families do not apply a gender perspective. We find, too often, that social group workers either perpetuate traditional roles or interpret gender issues psychologically rather than see the contributions of social forces to sex roles.

Martin and Shanahan (1983), remind us that the studies done on group composition indicate that sexual composition either alone or in combination with other social group variables has impact on structure, process, and outcome. Would adult child caregivers receive more help in coping with caregiver stress if they participated as a spousal dyad in therapeutic or educational groups? The spousal subsystem to which a caregiving son or daughter belong may be absorbing the stress and burden of the caregiving even if only one of them is actually participating in parental caregiving tasks. The couple may also be an elder care providing subsystem where each person is performing elder care to their own parent and/or each others parents. Practitioners have the responsibility to consider the marital dyad when they are assessing care provider stress. Their interventions may have greater outreach success if the social group support they make available to elder caregivers is offered to the couple rather than only the care providing partner.

An alternative consideration about the composition of caregiver support groups is whether male-male, female-female, or gender mixed groups would be more effective for adult child caregivers. Such decisions are sometimes left totally to the person seeking support and the person has alternative groups from

which to select, but in many cases that may not be feasible because of a limited number of groups. Many of the family caregiver groups that do exist are self help, formed because of gaps in the formal system. They are not always easy to start or sustain.

These authors hypothesize preventive and interventive potential for the formation of gender-specific groups because of potential gender differences in the roles played by sons and daughters in parental caregiving. Many of the all female groups that have profilerated so rapidly deal with the gender-context social problems and the isolation women feel in specific troubling circumstances. Perhaps dealing with the psychological dynamics of daughter-elder parent care can be worked through more fully when all members shared the common status as daughter. Sometimes women will be drawn to seek support in any women's group because of feminist considerations (Gottlieb, Burden, McCormick and Nicarthy, 1983).

Likewise there are reasons to consider the value of developing all male groups comprised of caregiving sons. One potential reason for this composition is to teach men certain elder caregiving skills, especially in those areas of caregiving where men have no related competencies or past history of involvement. An excellent example is physically initimate personal care giving for the parent. A practitioner should complete an assessment of the son's needs to learn what to do in a caregiving function before he assumes it for a frail parent. If assessment of a family caregiver's preparedness is completed, it should account for gender role factors. Ignorance of status

and gender issues by practitioners could result in serious decision errors (Gambrill and Rickey, 1983).

Other reasons why son might benefit from all male group participation include: it offers an opportunity for men to affiliate with other men who share a similar role and use their gender to help perform the role and/or cope with its demands and/or because men may be in need of learning how to relate to other men (Stein, 1983) because they have no experience in male to male dependency (for example son must now care for paralyzed father and need to explore feelings of male to male physical intimacy necessary to give care).

CONCLUSION

Throughout this presentation we have attempted to emphasize the importance of clarifying the gender factor in elder caregiving. The process of examining prior research studies on family member and informal network caregiving helped the authors understand the need for more data that explained the differences between sons and daughters. The empirical study referred to earlier produced results we felt needed interpretative elaboration applicable to clinical social work practice. If the caregiving by sons for their elderly parents is more widespread than previously documented or is likely to increase in the future, developing ways to support sons in that role are very much needed. Support will be as important for men as women even if the structure takes different forms because of the gender variable. This presentation analyzed the possible benefits of gender directed family systems intervention and the use of

various types of groups according to caregiver gender. Determination of the clinical practice utility of our suggestions will fall to those practitioners concerned about facing the gender issues of elder family caregiving.

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